

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010680

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

Registration District No. 47 Primary Registration District No. 5166 Registrar's No. 83

AMENDED FILED MAR 20 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Callaway		a. STATE Missouri COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Jackson Twp		c. CITY OR TOWN Auxvasse	
Length of stay in 1b 2 Yrs		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Auxvasse Stone & Gravel Co		d. STREET ADDRESS (If outside, give location) P.O. Box 1	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First Julius Middle Borders Jr Last Borders Jr			Month March Day 14 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/3/1934
9. AGE (last birthday) 28		IF UNDER 1 YEAR IF UNDER 24 HR	
		Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver & Bulldozer operator		10b. KIND OF BUSINESS OR INDUSTRY Kentucky	11. BIRTHPLACE (City and state or country) U.S.A.
12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Julius Borders Sr.		13b. MOTHER'S MAIDEN NAME Mary Etta Price	
14. NAME OF HUSBAND OR WIFE Laura Kathryn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) unk		16. SOCIAL SECURITY NO. 2	
17. INFORMANT Mrs. Julius Borders Jr, Auxvasse, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed head and crushed thorax)			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days.
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Operating bulldozer in tunnels with ceiling of 60 ft or more when portions of ceiling crashed down on him	
20c. TIME OF INJURY 2:45 p.m.	Month, Day, Year 3/14/63		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Auxvasse Stone & Gravel	20f. CITY, TOWN, OR LOCATION COUNTY STATE Auxvasse Callaway Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____			
Death occurred at 2:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Daniel C. Browning, coroner		22b. ADDRESS Fulton, Mo	
22c. DATE SIGNED 3/16/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar, 16, 1963	23c. NAME OF CEMETERY OR CREMATORY Auxvasse Cemetery	23d. LOCATION (City, town, or county) (State) Auxvasse Mo
24. FUNERAL DIRECTOR Browning Funeral Home, Fulton, Mo		25. DATE RECD. BY LOCAL REG. March-16-1963	26. REGISTRAR'S SIGNATURE Maretha Lawrence

USE BLACK INK OR TYPEWRITER RIBBON

MAR 26 1963
APR 1 1963

JUN 4 1963

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Denzil C. Browning
Signature of Student Embalmer

Licensed Embalmer No. 2724

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

MIA
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